This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY
	311.02 002 01.21
DATE RECEIVED	AMOUNT
8/27/2019	\$ ALLOCATION NUMBER
	ALLOCATION NOWIBER

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	11842
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Zito Midwest LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		Zito Media	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 665 (Number, street, rural route, apartment, or suite number)	
		Coudersport, PA 16915	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		Zito Media - Carrier Mills	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Zito Midwest LLC	118
	Instructions: List each separate community served by the cable system. A "co	
D	"a separate and distinct community or municipal entity (including unincorpo	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi	
	Note: Entities and properties such as hotels, apartments, condominiums, or	
Area	identified city.	nobile nome parks should be reported in parentneses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Carrier Mills	IL
Community	Saline County	IL
Rows as Necessary		
,		

Accounting Period: 2019/1 FORM SA1-2E. PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 11842

E

Secondary **Transmission** Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Zito Midwest LLC

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK	< 2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
 Service to first set 	183	17.35			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
		T			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLO	CK 1		BLOCK 2
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
• Pay cable	17.50	Motel, hotel		
 Pay cable—add'l channel 		Commercial		
Fire protection		• Pay cable		
Burglar protection		 Pay cable-add'l channel 		
Installation: Residential		Fire protection		
• First set	50.00	Burglar protection		
Additional set(s)		Other services:		
• FM radio (if separate rate)		Reconnect	30.00	
Converter		Disconnect		
		Outlet relocation	30.00	
		Move to new address	30.00	

Accounting Period: 2019/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Zito Midwest LLC

PRIMARY TRANSMITTERS: TELEVISION

FORM SA1-2E. PAGE 3.

SYSTEM ID#

11842

G

Primary Transmitters: Television

Add Rows as Necessar

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KBSI	23.1	N	Cape Girardeau MO
KFVS	12.1	N	Cape Girardeau MO
WDKA	49.1	<u> </u>	Paducah KY
WPSD	6.1	N	Paducah KY
WSIL	3.1	N	Harrisburgh IL
WSIU	8.1	E	Carbondale IL
WTCT	27.1	l	Marion IL
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ounting Period:	2019/1			FORM SA1-2E. PAGE 3
.,	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID
Name	Zito Midwest LLC			1184
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syste	entify every television station (including em during the accounting period, except in effect on June 24, 1981, permitting to	ot (1) stations carried only on a part-tir	me basis under
Primary		(e)(2) and (4), or 76.63 (referring to 76.0		
ransmitters:	substitute program basis, a	as explained in the next paragraph.		
Television		s: With respect to any distant stations of	carried by your cable system on a sub	stitute program
		rules, regulations, or authorizations:	the Creeial Statement and Drawen	on) if the
	station was carried <i>only</i> or	re in space G—but do list it in space I (the Special Statement and Program L	og)—ii the
	,	also in space I, if the station was carrie	ed both on a substitute basis and also	on some other
		on concerning substitute basis stations		
		on's call sign. Do not report origination		
		ed with a station according to its over-th	e-air designation. For example, repor	rt multistream
	"WETA-2" as the same on	tne form. nel number the FCC assigned to the tel	evision station for broadcasting over t	he air in its community
		VRC is channel 4 in Washington, D.C.	evision station for broadcasting over the	ne all in its community
		h case whether the station is a network	station, an independent station, or a	noncommercial
		ering the letter "N" (for network), "N-M"	,, ,	**
), "E" (for noncommercial educational),		nal multicast).
		erms, see page (iv) of the general instr on of each station. For U.S. stations, lis		a linewood by the
		adian stations, if any, give the name of		•
	1 00.1 of McAlcall of Calle	adian stations, if any, give the fiame of	the community with which the station	is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito Midwest LLC 11842

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 					
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Accounting Perio	d: 2019/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	ГЕМ:					SYSTEM ID#
Name	Zito Midwest LLC							11842
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi	y every nor ecounting pe	nnetwork televis eriod, under spe	sion program, broadcast becific present and former F	y a <i>distant</i> sta FCC rules, regu	lations, or a	uthorizations.	For a further
Carriage:					ne general inst	i uctions in ti	ic paper on i	-2 101111.
Special	1. SPECIAL STATEMENT							
Statement and	During the accounting periods	-	r cable system	carry, on a substitute ba	isis, any nonne	etwork telev		
Program Log	broadcast by a distant stat	ion?					YES	X NO
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	s "Yes," you m	ust complet	e the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each substi clear. If you need more space Column 1: Give the title of period, was broadcast by a of under certain FCC rules, reg Do not use general categorie "NBA Basketball: 76ers vs. If Column 2: If the program Column 3: Give the call is Column 4: Give the broad the case of Mexican or Cana Column 5: Give the monifirst. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules at was substituted for program effect on October 19, 1976.	tute progra se, please a of every nor distant stati gulations, or es like "mor Bulls." I was broad distant statio distant statio distant statio distant statio distant statio distant day e "5/7." s when the Example: a or "R" if the nd regulation	m on a separa add additional ranetwork televion and that your authorizations vies" or "baske deast live, enterestation broadca on's location (thins, if any, the owhen your system substitute proprogram carried listed program ons in effect du	rows to the tables. Ision program ("substitute our cable system substitute our cable system substitute. See page (v) of the gestball." List specific program "Yes." Otherwise enter usting the substitute program community to which the community with which the tem carried the substitute of gram was carried by you led by a system from 6:01 was substituted for progring the accounting period.	e program") the ted for the program titles, for eximal. "No." ram. e station is lice e program. Use r cable system 1:15 p.m. to 6:2 ramming that yet; enter the le	at, during the gramming of some for further ample, "I Lowensed by the ntified). The numerals, at List the time 28:30 p.m. so your system tter "P" if the	e accounting f another sta er information ove Lucy" or e FCC or, in with the more accurate should be a was require e listed programmer.	tion n. nth ly
	·				II whi	EN SUBST	TITUTE	
	SI	JBSTITUT	E PROGRAM	I		IAGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
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ccounting Period:	2019/1	FORM S	A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	SYSTEM II 1184
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trar (as identified in space E) during the accounting period. For a further explanation of how to compute the page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssmission servi	ce
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	o \$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	r this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137	',100)	
	1. Base amount under statutory formula	_	
	2. Enter amount of gross receipts from space K	_	
	3. Subtract line 2 from line 1	_	
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	·	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52	27,600)	
	Enter the amount of gross receipts from space K		
	Base amount under statutory formula	_	
	3. Subtract line 2 from line 1	_	
	4. Multiply line 3 by .01	_	
	S. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		
	6. Interest charge. Enter the amount from line 4, space Q, page 8	•	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and otal Remittance Due	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Reg See page i of the general instructions in the paper SA1-2 form for more information.		jhts!

LEGAL NAME OF OWNER O Zito Midwest LLC	F CABLE SYSTEM:										
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| | Instructions: You must g to its subscribers, and (2) 1. Enter the total number of system carried television 2. Enter the total number of on which the cable system and nonbroadcast service INDIVIDUAL TO BE CON we can contact about this Name Teri M Address PO Bo (Number, Coude (City, town) Email CERTIFICATION (This state of the system of the s | Instructions: You must give (1) the number of to its subscribers, and (2) the cable system's factoristic its subscribers. 1. Enter the total number of channels on which the cable system carried television and nonbroadcast services. 2. Enter the total number of activated channel on which the cable system carried television and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER to contact about this statement of account means and the contact and account means and the statement of account means and the statement of account and are true, complete, and correct to the best of my [18 U.S.C., Section 1001(1986)] Typed or printed title: Title: (Title of contact in the contact in th | Instructions: You must give (1) the number of chann to its subscribers, and (2) the cable system's total number of its subscribers, and (2) the cable system's total number of channels on which the casystem carried television broadcast stations | Instructions: You must give (1) the number of channer to its subscribers, and (2) the cable system's total num. 1. Enter the total number of channels on which the cab system carried television broadcast stations | Instructions: You must give (1) the number of channels to its subscribers, and (2) the cable system's total number. 1. 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Name Teri McMullen Address PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip) Email teri.mcmullen@zitomedia.com CERTIFICATION (This statement of account must be certified and some in the composition of partnership) I am the composition of partnership in line 1 of space B and that the owner is not a corporation in line 1 of space B. I have examined the statement of account and hereby declare under are true, complete, and correct to the best of my knowledge, informatic [18 U.S.C., Section 1001(1986)] Typed or printed name: James Typed or printed name: James Title: President (Title of official position held in contact the composition held in contact the cont | Instructions: You must give (1) the number of channels on which the to its subscribers, and (2) the cable system's total number of activated. 1. 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NEEDED (we can contact about this statement of account.) Name Teri McMullen Address PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip) Email teri.mcmullen@zitomedia.com CERTIFICATION (This statement of account must be certified and signed in account in line 1 of space B and that the owner is not a corporation or partners in line 1 of space B and that the owner is not a corporation or partners in line 1 of space B. 1 have examined the statement of account and hereby declare under penalty of law are true, complete, and correct to the best of my knowledge, information, and belief, [18 U.S.C., Section 1001(1986)] X /s/James Rigas Enter an electronic signature on the Enter signature using an "/s/ signation of partners in line 1 of space B. 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Name Teri McMullen PO Box 665 (Number, street, rural route, spartment, or suite number) Coudersport PA 16915 (City, town, state, zip) Email teri.mcmullen@zitomedia.com CERTIFICATION (This statement of account must be certified and signed in accordan teri. the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable sin line 1 of space B and that the owner is not a corporation or partnership. X (Officer or partner) I am an officer (if a corporation) or a partner (if a partners in line 1 of space B and that the owner is not a corporation, and belief, and are true, complete, and correct to the best of my knowledge, information, and belief, and are true, complete, and correct to the best of my knowledge, information, and belief, and are true, complete, and correct to the best of my knowledge, information, and belief, and in the complete of the complete of the complete of the season of the complete of the complete of the complete of the line are true, complete, and correct to the best of my knowledge, information, and belief, and in the complete of the c | Instructions: You must give (1) the number of channels on which the cable system can to its subscribers, and (2) the cable system's total number of activated channels during 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. 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(Owner other than corporation or partnership) I am the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or the later of space B. 1 have examined the statement of account and hereby declare under penalty of law that all are true, complete, and correct to the best of my knowledge, information, and belief, and are true, complete, and correct to the best of my knowledge, information, and belief, and are true, complete, and correct to the best of my knowledge, information, and belief, and are true, complete, and correct to the best of my knowledge, information, and belief, and are Italian and the statement of account and hereby declare under penalty of law that all are true, complete, and correct to the best of my knowledge, information, and belief, and are Italian and Italian an | Instructions: You must give (1) the number of channels on which the cable system carrie to its subscribers, and (2) the cable system's total number of activated channels during the 1. 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Name Teri McMullen Address PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip) Email terimcmullen@zitomedia.com CERTIFICATION (This statement of account must be certified and signed in accordance with 0 to the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or I have examined the statement of account and hereby declare under penalty of law that all statem are true, complete, and correct to the best of my knowledge, information, and belief, and are made (18 U.S.C., Section 1001(1986)) X /s/James Rigas Enter an electronic signature on the line above to Enter signature using an 's/s signature' (e.g., /s/ Typed or printed name: James Rigas Title: President (Title of official position heid in corporation or partnership) | Instructions: You must give (1) the number of channels on which the cable system carried tele to its subscribers, and (2) the cable system's total number of activated channels during the account. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. 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(Owner other than corporation or partnership) I am the owner of the cable system as ide (Agent of owner other than corporation or partnership) I am the duly authorized agent or in line of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the leg in line of space B. 1 have examined the statement of account and hereby declare under penalty of law that all statements are true, complete, and correct to the best of my knowledge, information, and belief, and are made in general true, complete, and correct to the best of my knowledge, information, and belief, and are made in general true, complete, and correct to the best of my knowledge, information, and belief, and are made in general true, complete, and correct to the best of my knowledge, information, and belief, and are made in general true,
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Name Teri McMullen Address PO Box 665 (Number, street, fund route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip) Email teri.mcmullen@zitomedia.com Fat CERTIFICATION (This statement of account must be certified and signed in accordance with Copyridate of the cable system as identification of the cable system as identification in line 1 of space B and that the owner is not a corporation or partnership, or in line 1 of space B and that the owner is not a corporation or partnership, or in line 1 of space B. 1 have examined the statement of account and hereby declare under penalty of law that all statements are true, complete, and correct to the best of my knowledge, information, and belief, and are made in go [18 U.S.C., Section 1001(1986)] X //s/James Rigas Enter an electronic signature on the line above to certificate resignature using an "/s/ signature" (e.g., /s/ John S. 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Email Leri.mcmullen@zitomedia.com Fax (CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright of the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership, or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal or in line 1 of space B. 1 have examined the statement of account and hereby declare under penalty of law that all statements of are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good [18 U.S.C., Section 1001(1986)] X /s/James Rigas Enter an electronic signature on the line above to certify the Enter signature using an "/s/ signature" (e.g., /s/ John Sm. 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(Owner other than corporation or partnership) I am the owner of the cable system as identified (Agent of owner other than corporation or partnership) I am the duly authorized agent of the or in line 1 of space B and that the owner is not a corporation or partnership, or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entire in line 1 of space B. 1 have examined the statement of account and hereby declare under penalty of law that all statements of face are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good face the complete, and correct to the best of my knowledge, information, and belief, and are made in good face the complete, and correct to the best of my knowledge, information, and belief, and are made in good face the complete, and correct to the best of my knowledge, information or partnership) of the legal entire in line 1 of space B. 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Name Teri McMullen Address PO Box 665 (City, town, state, cap) Email Leri.mcmullen@zitomedia.com Fax (option CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office of the cable system as identified in the content of the cable system as identified in the content of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation or a partnership) of the legal entity in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation or partnership; or are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. X //s/James Rigas Enter an electronic signature on the line above to certify this statement complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. 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Name Teri McMullen To Coudersport PA 16915 (Ciby, town, state, 2p) Email Lenimormullen@zitomedia.com Fax (optional) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regions, in line 1 of space 8 and that the owner is not a corporation or partnership, or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the in line 1 of space 8 and that the owner is not a corporation or partnership, or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identific in line 1 of space 8 and that the owner is not a corporation or partnership) of the legal entity identific in line 1 of space 8 and that the owner is not a corporation or partnership) of the legal entity identific in line 1 of space 8 and that the owner is not a corporation or partnership) of the legal entity identific in line 1 of space 8. The weak and owner of the composition or partnership or the line above to certify this statement error, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. Typed or printed name: James Rigas Title: President (Title of official position held in corporation or partnership) | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stat to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of
account.) Name Teri McMullen Telep Address PO Box 665 (Number, street, rural route, apartment, or sulte number) Coudersport PA 16915 (City, town, state, zp) Email Leri.mcmullen@zittomedia.com Fax (optional) 1. the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space 1 and in the 1 of space 2 and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partnership; or X (Officer or partner) I am an officer (if a corporation) or a partnership; or the legal entity identified an are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. 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Name Teri McMullen Telephor PO Box 665 [Number, street, rural toute, apartment, or suite number) Coudersport PA 16915 (Cay, town, state, sto) Email Leri.mcmullen@zitomedia.com Fax (optional) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulation in line 1 of space B. (Owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as or in line 1 of space B. 1 have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herei are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: James Rigas Title: President (Title of official position hed in corporation or partnership). | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations and nonbroadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Teri McMullen Telephone Address PO Box 665 (Rumber, street, rarie route, apartment, or suffer number) Coudersport PA 16915 (City, town, street, zer) Email teri.mcmullen@zitomedia.com Fax (optional) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) 1. the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy inline 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner in line 1 of space B. 1 have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good fath. 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Name Teri McMullen Telephone 81 Address PO Box 665 (furnites, steed, rund route, spathment, or suite number) Coudersport PA 16915 (City, town, state, 2p) Email Leri.mcmullen@zilomedia.com Fax (optional) Fax (optional) **Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or in line 1 of space B and that the owner is not a corporation or partnership) or the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) or the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership) or the legal entity identified as owner or in line 1 of space B and that the owner is not a corporation or partnership) or the legal entity identified as owner in line 1 of space B and that the owner is not a corporation or partnership) or the legal entity identified as owner in line 1 of space B. 1 have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, Information, and belief, and are made in good faith. Typed or printed name: James Rigas Title: President Title of official position head in corporation or partnership) | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations and nonbroadcast stations and nonbroadcast services. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Teri McMullen Telephone 814 Address PO Box 665 (Number, street, rural rouse, spartment, or sults number) Coudersport PA 16915 (City, lown, steet, rural rouse, spartment, or sults number) Certification (This statement of account must be certified and signed in accordance with Copyright Office regulations) 1. I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B, or in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partnership) of the legal entity identified as owner of the line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the line 1 of space B. X (officer or partner) I am an officer (if a corporation) or a partnership) of the legal entity identified as owner of the line 1 of space B and that the owner is not a corporation or a partnership) of the legal entity identified as owner of the rule line above to certify this statement. Enter signature using an '/s' signature' (e.g., /s/ John Smith) Typed or printed name: James Rigas Enter an electronic signature on the line above to certify this statement. Enter signature using an '/s' signature' | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable systems stotal number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations which the cable system carried television broadcast stations and nonbroadcast services. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Teri McMullen Telephone 814-24 Address PO Box 665 (Number, steed, rural roule, apartment, or suite number) Coudersport PA 16915 (City, town, see, 2p) Email teri.mcmullen@zitomedia.com Fax (optional) Fax (optional) 1. I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership, or in line 1 of space B and that the owner is not a corporation or partnership, or in line 1 of space B and that the owner is not a corporation or partnership, or in line 1 of space B. (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership, or in line 1 of space B. (Agent of owner other
than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B. (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership, or I are the cable system as in line 1 of space B. (Agent of owner other than corporation or part | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system stotal number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.) Name Teri McMullen Telephone 814-260. Address PO Box 665 (Namoe, street, rural rode, apartment, or subscribed number) Couldersport PA 16915 (Chy, them, subscribed, rural rode, apartment, or subscribed and signed in accordance with Copyright Office regulations) 1. It be undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B. (Office or partners) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable in line 1 of space B. (Office or partners) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable in line 1 of space B. (If B U.S.C., Section 1001(1986)) Typed or printed name: James Rigas Friter an electronic signature on the line above to certify this statement. Enter signature using an "/y' signature" (e.g., /s/ John Smith) Typed or printed name: James Rigas Friter an electronic signature on the line above to certify this statement. Enter signature using an "/y' signature" (e.g., /s/ John Smith) | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system to tola number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.) Teri McMullon Teriphone 814-260-0: PO Box 665 (Name: Street, furst rose, apartment, or subst number) Couldersport PA 16915 (Clob, item; state; a) Email Item.mcmullen@zitomedia.com Fax (optional) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) 1. It be undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identify in line 1 of space B and that the owner is not a corporation or partnership, or (Officer or partner) I am an officer (if a corporation or partnership) of the legal entity identified as owner of the cable: in line 1 of space B. 1 have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. 1 Typed or printed name: 2 | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable systems to take number of hardening the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Teri McMullen Telephone 814-260-043 PO Box 665 [Number steed, used once, quartient, or suite number] Coudersport PA 16915 (City, Ison., state., p) Email iteri.mcmullen@zitomedia.com Fax (optional) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) 1. It he undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) am the duly authorized agent of the owner of the cable system in line 1 of space B; or (Officer or partnership I am an officer (if a corporation or partnership); or a partnership; or in line 1 of space B; or an electronic signature under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. Title: President Title: President (Title or official position hed in corporation or partnership) | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable systems total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast stavious. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 1. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.) Name Teri McMullen Teri McMullen Telephone 814-260-0434 PO Box 665 Number, street, usel foots, spartment, or subst number) Couldersport PA 16915 (Cidy, box, state, pt) Email Iteri.mcmullen@zatomedia.com Fax (optional) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) 1. It the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B, or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership, or (Officer or partner) iam an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system are tous, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. 1 (If U.S.C., Section 1001(1986)) Typed or printed name: Agent of owner other than corporation or partnership of the legal entity identified as owner of the cable system are tous, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. 1 (Tile of disast position heaf in corporation or partnership | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system on which the cable system carried television broadcast stations. 7. In the the total number of channels on which the cable system carried television broadcast stations. 10. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 10. Individual to BE CONTACTED IF PURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.) Name Teri McMullen Telephone 814-260-0434 Address PO Box 665 (Number, rever, mai routs, apartment, or suite number) Couldersport PA 16915 (Cls, town, state, se) Email Infimential individual to who make the capture of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duty authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership of the legal entity identified as owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership of the legal entity identified as owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership of the legal entity identified as owner of the cable system in line 1 of space B. 1 have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. 1 Typed or printed name: 2 Inter an electronic signature on the line above to certify this statement. Enter signature using an "1/3 signature" (e.g., 7d John Smith) Title: President Title: President | Instructions: You must give (1) the number of channels on which the cable system carried television
broadcast stations to its subscribers, and (2) the cable system's state number of delivated channels during the accounting period. 1. Enter the total number of dadivated channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 108 INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Teri McMullen Teri McMullen Telephone 814-260-0434 Address PO BOX 665 (Warrier, state, star) Email ten incremination of state, starting to the state state state, starting to the state sta | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable systems stotal number of activated channels on which the cable system carried television broadcast stations. 2. 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Name Tori MCMUIIII Name PO Box 665 Namor, steel, rural total, systems, or safe number) Couldersport PA 18915 City, form, steel, station, | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscriburs, and (2) the cable system's stold number of activated channels during the accounting period. 1. 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In the undersigned, hereby certify that (Check one, but only one, of the boxes,) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space 8; or Append of owner other than corporation or partnership) I am line duly willhorized agent of the owner of the cable system in line 1 of space 8; or Children or partnership I am an officer (if a corporation) or a partnership or the legal entity dended as owner of the cable system in line 1 of space 8; or I space | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its aubsorbiers, and (2) the cable system's lotal number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. 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X (Officer or partner) I am an officer (if a corporation or or partnership) or in line 1 of space B. In the examined the alternent of account and heavity decline under penalty of saw that all statements of fact contained breein in line 1 of space B. There are electronic signature on the line above to certify this statement. Enter signature using an "I/A signature" (i.g., // John Smith) Typed or printed name: James Rigas Title: President (file or dealling justion had it responsion or partnership) | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subcribers, and (2) the cable system's bolar number of activated channels outing the accounting period. 7 Enter the total number of danabes on which the cable system carried television broadcast stations. 7 Enter the total number of activated channels on which the cable system carried selevision broadcast stations on which the cable system carried selevision broadcast stations on which the cable system carried selevision broadcast stations 108 INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about the statement of account.) Name |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

counting Period: 2019/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ito Midwest LLC	11842
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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